

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 0 0 9

2. STATE:

Nebraska

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a)(10)(A)

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ 470,302

b. FFY 2003 \$ 573,799

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 2.2-A, 23b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

NA

10. SUBJECT OF AMENDMENT:

Breast and Cervical Cancer Early Detection Program

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Governor has waived review

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Robert J. Seiffert

14. TITLE:

Medicaid Administrator

15. DATE SUBMITTED:

9/14/01

16. RETURN TO:

HHS - F&S
Medicaid Division
Attn: Margaret Booth
P.O. Box 95026
Lincoln, NE 68509-5026**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

09/07/01

18. DATE APPROVED:

OCT 19 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Nanette Foster Reilly

22. TITLE:

Acting ARA for Medicaid & State Operations

23. REMARKS:

cc:
Curtiss
Seiffert
CO

SPA CONTROL

Date Submitted: 09/04/01

Date Received: 09/07/01

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

CITATION GROUP COVERED

B. Optional Coverage Other Than the Medically Needy (Continued)

1902 (a) (10) (A)

(ii) (XVIII) of the Act ____ [24]. Women who:

- a. Have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- b. Are not otherwise covered under creditable coverage, as defined in section 2701 (c) of the Public Health Service Act;
- c. Are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- d. Have not attained age 65.

1920B of the Act ____ [25]. Women who are determined by a "qualified entity" (as defined in 1920B (b) based on preliminary information, to be a woman described in 1902 (aa) the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

Transmittal # MS-01-09

Supersedes

Approved

OCT 10 2001

Effective

07/01/01

Transmittal # (New Page)